								09/ 10/0/					
DAYENT AND LOATION OF ARTERIAL STAN STAN									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									6971600				
CLAIMS AS FILED - PART I								07.76 514					
		CLAIMS AS	(Column		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS					H2775 6			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2 K minus 20=		· &			X\$ 9=		OR	X\$18=	144.00	
INDEPENDENT CLAIMS			. i minus 3 =					X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	1	OR	TOTAL	P57600	
M / A / /CLAIMS AS AMENDED - PART II										5	OTHER		
'/	6.04	(Column 1)		(Colui	mn 2)	(Column 3)	٠ -	SMALL	ENTITY	OR	SMALL		
ΑM		REMAINING NI AFTER PRE		HIGH NUM PREVK	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT A	Total	AMENDMENT	Minus	PAID	150 9			X\$ 9=	FEE	^-	X\$18=	FEE / /	
Z	Independent	. 2	Minus	*** 2	₹	=		X40=		OR		40-	
کا	FIRST PRESENTATION OF MULTIPLE DEPEN			ENDEN	CLAIM			A4US		OR	X80=		
								+135=		OR	+270=		
5.5.05							7	TOTAL ADDIT. FEE	- F	OR	TOTAL ADDIT. FEE		
_	110	(Column 1)	, ,	(Colui		(Column 3)	a .						
AMENDMENT B	•	REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.a18	Minus	-5	50	=		X\$ 9=		OR	X\$18=		
ME	Independent	. 2	Minus	2	5	=		1000	100	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	† <u> </u>		+270=		
								+135=	177	OR	+270≡ TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)	,	(Colui		(Column 3)	F		1 455)			
AMENDMENT C	•	REMAINING AFTER AMENDMENT		PREVIO	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
S S	Independent	•	Minus	•••		=	†	X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
٠.	f the entry in colu	+135=		OR	+270=								
**	if the "Highest Nu	mber Previously Pa mber Previously Pa	aid For IN THIS	S SPACE i	is less tha	in 20, enter 720.		TOTAL VODIT, FEE		OR	TOTAL ADDIT. FEE		
	ii ane regnesi Nu The "Highest Nur	ther Previously Pai	d For (Total or	Independ	iant) is the	highest number	r fou	nd in the ap	propriate bo	in co	lumn 1.		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875

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